DEPARTMENT OF HEALTH AND HUMAN SERVICES

LIFE CARE OF GRAY

PAGE 02/05

PRINTED: 10/06/2010
FORM APPROVED
OMB NO. 0938-0391
010100110

	OR MEDIONEE	& MEDICAID SERVICES	market and a little		ONID NO. 0000 COL
CENTERS F TATEMENT OF I	DEFICIENCIES	& MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPI	E CONSTRUCTION 01 - LIFE CARE CENTER OF G	(X3) DATE SURVEY
IND PLAN OF SC		445479		VI-ER L 0/4/2 04.7	10/04/2010
	IDER OR SUPPLIER		79	ET ADDRESS, CITY, STATE, ZIP CODE 1 OLD GRAY STATION ROAD	
LIFE CARE	CENTER OF GRA			PROVIDER'S PLAN OF CORRECT	CTIÓN (X5)
(X4) ID PREFIX TAG	VENCH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH COPIRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	ROPRIATE DATE
SS=D Into	terior finish for ro pridors or exitwa urfaces of building alls, partitions, co ame spread rating tly sprinklered but lass A, Class B, of se within rooms s	oms and spaces not used for ys, including exposed interior gs such as fixed or movable dumns, and ceilings, has a g of Class A or Class B. (In ildings, flame spread rating of or Class C may be continued in eparated in accordance with cess corridors.) 19.3.3.1,	K 015	K 015 NFPA 101 Life Safety Sta SS=D What corrective action(s) will be accomplished for those resident have been affected by the deficie No residents were affected by the practice. Fire wall placed on 10/2 Residents identified as having the to be affected by the same defice What corrective actions will be All residents have a potential to be What measures will be put into systematic changes will be mad- that the deficient practice does	s found to ent practice? e deficient 9/10. he potential ient practice. taken? e affected. placed or e to ensure
B fa T C D 2 m e mit N C D 2 m e mit N C D S S = E S T C D C D C D C D C D C D C D C D C D C	ased on observa alled to assure intelled flame spread rate he findings include observation and in prector in the kito 010 at 11:05 a.m. com walls were of exterior siding. Re- nanufacturer's Manufacturer's Manufacture	de: Interview with the Maintenance Then stock room, on October 4, In confirmed the kitchen stock In overed with painted T-11 Incomplete the Maintenance Inco	K 029	Maintenance director was re-educensuring the interior room surface flame spread rating of C or less. How the corrective action(s) with monitored to ensure the deficient will not recur? The ED will inspect all interior of finishes prior to use. Findings of will be taken to the PI meetings of 3 months beginning with the PI in November 2nd 2010. K-029 Corrective Action K-029 Corrective Action K-029 NFPA 101 Life Safety SS=D What corrective action(s) will accomplished for those reside have been affected by the definition of the safety of th	Il be nt practice surface f the Audits for the heeting set for 10/22/10 Standard be nts found to cient practice?

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days wing the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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DEPART	MENT OF HEALTH	AND HUMAN SERVICES				OMB NO.	0938-0391
CENTER	S FOR MEDICARE	& MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA	(X2) N	IULTIP!	E CONSTRUCTION	(X3) DATE SU COMPLE	JRVEY
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:		A BUILDING 01 - LIFE CARE CENTER OF G			
		445479	B. WI	NG		10/0	4/2010
		445419		STRE	ET ADDRESS, CITY, STATE, ZIP CODE		
	NOVIDER OR SUPPLIER			79	OLD GRAY STATION ROAD		
LIFE CAR	E CENTER OF GRA	Υ		GF	PROVIDER'S PLAN OF CORRECT	TION	(XS)
(X4) ID PREFIX TAG	- ALLEGERICIENO	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PRE TA	FIX	(EACH CORRECTIVE ACTION SHO CROSS-REFIERENCED TO THE APP DEFICIENCY)	JULU DE	DATE
			K	029			11/2/10
K 029	Continued From pa	age 1		1			
	permitted. 19.3.	2.1		t	Residents identified as having the obeaffected by the same deficies. What corrective actions will be tall residents have a potential to be	it practice. ken?	
	Based on observation failed to assure hat fire rated construct The findings inclu Observation and increases in the law.	nterview with the Maintenance indiv. on October 4, 2010 at		1	What measures will be put into possessematic changes will be made that the deficient practice does not be educate the maintenance staff of importance of ensuring penetration filledimmediately.	ot recur? n the	
	the following area 1) Around the lau into the attic spac 2) in the laundry lines penetrated i	med unsealed penetrations in us; undry dryer vents penetrating se washer room where plumbing		p v ta	Now the corrective action(s) will be nonitored to ensure the deficient will not recur? The ED will give prior approval be enetrations are made into the fire will inspect after. Findings of audicaten to the PI meeting for the next seginning with the PI meeting set found 2010.	fore any vall and ts will be 3 months.	
	failed to assure r materials, were r The findings incli					æ	
	Director on Octo confirmed the su Storage room ac	interview with the Maintenance ber 4, 2010 at 11:35 a.m ipply room next to room 303, cross from room 303, and laundry yould not close to a positive latch ovided with door closers (NFPA	у	K (176 NFPA 101 Life Safety Stand	 nrd	11/2/10
K 07 \$S=	101, 19.3.2.1 (7) 8 NFPA 101 LIFE D Medical gas sto	SAFETY CODE STANDARD rage and administration areas ar ordance with NFPA 99,	e	ha No	nat corrective action(s) will be complished for those residents for we been affected by the deficient p residents were affected by the deficience. Electrical outlet was immediation.	practice? licient	10-4-10

Standards for Health Care Facilities.

disconnected and covered over.

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 10/06/2010 FORM APPROVED CMB NO. 0938-0391

CENTERS FOR MEDICARE STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - LIFE CARE CENTER OF G		(X3) DATE SURVEY COMPLETED	
		445479	B. WING		10/04/2010	
	ROVIDER OR SUPPLIER	Y	75	EET ADDRESS, CITY, STATE, ZIP CODE B1 OLD GRAY STATION ROAD RAY, TN 37615		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH COFRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	ONLY COMPLETION	
K 076	3,000 cu.ft. are end separation. (b) Locations for si	e locations of greater than closed by a one-hour upply systems of greater than nted to the outside. NFPA 99	K 076	Residents identified as having the potential to be affected by the same deficient practice. What corrective actions will be taken? All residents have a potential to be affected. All O2 storage rooms were inspected no other rooms were found to have deficient practice. What measures will be put into placed or systematic changes will be made to ensure that the deficient practice does not recur? Maintenance director was re-educated on ensuring the medical gas storage room has electrical component greater than 5 fect above floor.		
K 147 SS=D	Based on observal failed to assure elegas storage location five (5) feet above (a)4) The findings include Observation with the October 4, 2010 at Oxygen storage rowing Nurses Station, hat 18-inches above the NFPA 101 LIFE Sometimes of the NFPA 70, National Passed on observal failed to assure expoutlet adapters were assured to the state of the NFPA 101 LIFE Sometimes of the NFPA 70, National Passed on observal failed to assure expoutlet adapters were stated to the NFPA 70, and t	ne Maintenance Director on t 1:30 p.m. confirmed the om across from the 100 hall d an electrical outlet located	K 147	How the corrective action(s) will monitored to ensure the deficient will not recur? Maintenance Director will get price from the ED for any room which it being stored. Pindings will be take committee for the next 3 months, on Nov. 2nd 2010. K 147 NFPA 101 Life Safety Stars SS=D What corrective action(s) will be accomplished for those residents have been affected by the deficient Residents in room 109, the power streplaced with a 12 gauge. Residents identified as having the to be affected by the same deficient what corrective actions will be taken and the same deficient what corrective actions will be taken as a potential to be all rooms were checked to ensure power strips less than 12 gauge we used.	or approval no O2 is en to the PI Beginning 10/4/10 found to at practice? etrip was expotential ant practice. aken? affected. that no	

(X5) COMPLETION

DATE

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DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES 01 - LIFE CARE CENTER OF G IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A BUILDING

(X3) DATE SURVEY COMPLETED 10/04/2010 B. WING 445479

10

PREFIX

TAG

NAME OF PROVIDER OR SUPPLIER

LIFE CARE CENTER OF GRAY

(X4) ID

PREFIX

STREET ADDRESS, CITY, STATE, ZIP CODE 791 OLD GRAY STATION ROAD

GRAY, TN 37615 PROVIDER'S PLAN OF CORRECTION

REGULATORY OR LSC IDENTIFYING INFORMATION) TAG K 147 Continued From page 3

The findings include: Observation and interview with the Maintenance Director, on October 4, 2010 at 1:30 p.m. confirmed the resident room 109 had a 14-gauge power strip that was not rated for use with a 12-gauge refrigerator and an Oxygen concentrator was plugged into it.

SUMMARY STATEMENT OF DEFICIENCIES

(EACH DEFICIENCY MUST BE PRECEDED BY FULL

K 147 What measures will be put into placed or systematic changes will be made to ensure that the deficient practice does not recur? Maintenance Staff Was reconnected on ensure all power strips are 12 gauge -How the corrective action(s) will be

(EACH COFFRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE

DEFICIENCY)

monitored to ensure the deficient practice will not recur? Rooms will be inspected monthly to ensure

12gauge power strips are being used. Will be taken to the Pl meeting monthly for the next 3 months. Beginning Nov.2 2010.